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**UTILITY
PATENT APPLICATION
TRANSMITTAL**
(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	80329-0015
First Inventor	Tsuyoshi Nakashima
Title	METHOD OF FORMING COAT ON INNER SURFACE OF BEARING AND APPARATUS FOR THE SAME
Express Mail Label No.	EV 078880245 US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

- | | |
|---|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing) | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix) |
| 2. <input type="checkbox"/> Applicant claims small entity status.
See 37 CFR 1.27. | 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary) |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages 16]
<i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure | 9. <input checked="" type="checkbox"/> Computer Readable Form (CRF) |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4] | 10. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper |
| 5. Oath or Declaration [Total Sheets 4] | 11. <input type="checkbox"/> Statements verifying identity of above copies |
| a. <input checked="" type="checkbox"/> Newly executed (original or copy) | 12. <input checked="" type="checkbox"/> English Translation Document (if applicable) |
| b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed) | 13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | 14. <input checked="" type="checkbox"/> Preliminary Amendment |
| 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | 15. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
(Should be specifically itemized) |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: | 16. <input type="checkbox"/> Certified Copy of Priority Document(s)
(if foreign priority is claimed) |
| <input type="checkbox"/> Continuation | 17. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). |
| <input type="checkbox"/> Divisional | <input type="checkbox"/> Applicant must attach form PTO/SB/35 or its equivalent. |
| <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ | |

ACCOMPANYING APPLICATIONS PARTS

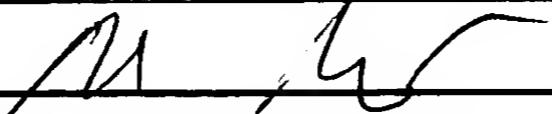
- | | | |
|---|---|--|
| 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement
(when there is an assignee) | <input checked="" type="checkbox"/> Power of Attorney |
| 11. <input type="checkbox"/> English Translation Document (if applicable) | 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 | <input checked="" type="checkbox"/> Copies of IDS Citations |
| 13. <input type="checkbox"/> Preliminary Amendment | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
(Should be specifically itemized) | 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)
(if foreign priority is claimed) |
| 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). | 17. <input type="checkbox"/> Applicant must attach form PTO/SB/35 or its equivalent. | Other: _____ |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____

Art Unit: _____

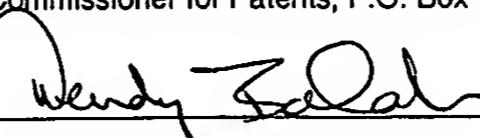
Prior application information: Examiner _____ Art Unit: _____
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number:	10291		OR	<input checked="" type="checkbox"/> Correspondence address below
Name	RADER, FISHMAN & GRAUER PLLC Michael R. Bascobert			
Address	39533 Woodward Avenue Suite 140			
City	Bloomfield Hills	State	MI	Zip Code
Country	US	Telephone	(248) 594-0600	Fax
Name (Print/Type)	Michael R. Bascobert		Registration No. (Attorney/Agent)	44,525
Signature			Date	August 21, 2003

Utility Patent Application Transmittal

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 078880245 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 21, 2003

Signature:  (Wendy A. Balabon)

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15541 U.S. PTO
08/22/03

FEE TRANSMITTAL for FY 2003

Effective 01/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$) 790.00	Attorney Docket No.	80320-0015
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METHOD OF PAYMENT (check all that apply)		FEES CALCULATION (continued)	
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<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
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<input checked="" type="checkbox"/> Deposit Account				
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Deposit Account Number	18-0013			
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Deposit Account Name	Rader, Fishman & Grauer PLLC			
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The Director is hereby authorized to: (check all that apply)				
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<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments			
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<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application				
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<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				
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FEES CALCULATION				
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1. BASIC FILING FEE				
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Large Entity	Small Entity			
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Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
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1001	750	2001	375	Utility filing fee	750.00
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)		(\$)	750.00	
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
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Extra Claims	Fee from below	Fee Paid		
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Total Claims	20	-20** =	<input type="text"/>	<input type="text"/> x <input type="text"/> = <input type="text"/> 0.00
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Independent Claims	2	-3** =	<input type="text"/>	<input type="text"/> x <input type="text"/> = <input type="text"/> 0.00
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Multiple Dependent			<input type="text"/>	= <input type="text"/>
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Large Entity	Small Entity			
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Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
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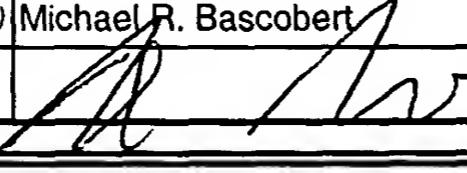
1202	18	2202	9	Claims in excess of 20	750.00
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2)		(\$)	0.00	SUBTOTAL (3)	(\$)	40.00
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** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY					Complete (if applicable)
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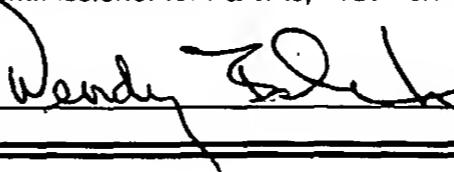
Name (Print/Type)	Michael R. Bascobert	Registration No. (Attorney/Agent)	44,525	Telephone	(248) 594-0646
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Signature		Date	August 21, 2003
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Fee Transmittal

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Dated: August 21, 2003

Signature:  (Wendy A. Balabon)

Application No. (if known):

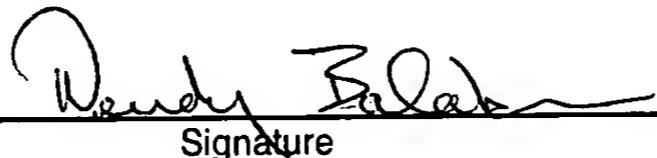
Attorney Docket No.:

Certificate of Express Mailing Under 37 CFR 1.10

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on August 21, 2003
Date



Signature

Wendy A. Balabon

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Application Data Sheet

Application No. (if known):

Attorney Docket No.: 80329-0015

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Signature

Wendy A. Balabon
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IDS (Citation) by Applicant